

#4

OFFICE OF THE MAYOR



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CITY HALL
P.O. BOX 5757
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website: www.nlr.ar.gov

MEMORANDUM

TO: Members of the North Little Rock City Council
FROM: Charlotte Thomas *ct*
DATE: September 8, 2015
SUBJECT: Alcoholic Beverage Permit Request

For your information, I have enclosed a copy of the *Assignment and Comments of Officials* form from the State of Arkansas, Alcoholic Beverage Control Division.

The following applicant has applied for a new on premises restaurant beer and wine permit:

Dana Fuller

Chicken Wangs III

9201 Maumelle Blvd.

North Little Rock, AR 72113

Please note the 15 day comment period referred to in the final paragraph of the *Comment* page.

Thank you.

Attachments

FILED _____ A.M. 1:35 P.M.
BY Charlotte Thomas
DATE 9-8-15
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by [Signature]

NEWASSG0101

RECEIVED

ASSIGNMENT

SEP 08 2015



CITY OF NLR MAYOR'S OFFICE
BY _____

Date Received: 08/24/2015

Date Assigned: 08/28/2015

Applicant: DANA FULLER

D.O.B: 09/13/1972

Green Card Number (Permanent Resident Alien):

Home Address: 5900 Windamere Drive, Little Rock, AR, 72209

Home Phone:

Business Phone : 501-975-2455

Cell Phone: 501-353-3006

Trade Name: CHICKEN WANGS III

Former Trade Name:

Business Address : 9201 Maumelle Blvd., North Little Rock

County Pulaski

Type Of Investigation: Restaurant Beer & Wine - NEW

Dancing, if requested:

Comments / Remarks :

Copies Of Assignment and
Comment Form Mailed to:

Mayor Joe Smith & City Council

Michael Davis, Chief of Police

Doc Holladay, Sheriff

Larry Jegley, Prosecuting Attorney

Assigned to Investigator: _____

Stockholders / Partners / LLC
Members.



ALCOHOLIC BEVERAGE CONTROL DIVISION
COMMENTS OF PUBLIC OFFICIALS

APPLICANT'S NAME: DANA FULLER

TYPE OF APPLICATION: Restaurant Beer & Wine - NEW

BUSINESS NAME: CHICKEN WANGS III

BUSINESS ADDRESS: 9201 Maumelle Blvd., North Little Rock, AR, 72113

DATE OF APPLICATION: 08/24/2015

NAME OF PUBLIC OFFICIAL: _____

TITLE OF OFFICIAL: _____

OFFICIAL MAILING ADDRESS: _____

PHONE: _____

SIGNATURE OF OFFICIAL: _____ **DATE:** _____

NAME OF AGENCY OR COURT: _____

Do you have any objections to the issuance of this permit? _____
(Yes or No)

If yes, please explain your objections below:

To ensure your comments are available at the time this application is considered by the Director, please complete and return this form to ABC Administration, 1515 West 7th Street, Suite 503, Little Rock, AR, 72201, within fifteen (15) days of receipt. In compliance with the Freedom of Information Act, this Comment Form will become a matter of public record.



DESCRIPTION OF BUSINESS AND ENTERTAINMENT ACTIVITIES

*For all **ON PREMISES** permits - except private clubs*NAME OF OUTLET Chicken Wings IIICITY NLD COUNTY Del

Under the Section 1.34 of the ABC Regulations, any permit issued by this agency is valid only for the uses described in the original application. Any material change in the outlet's operations or entertainment other than originally listed in this application, *without prior approval of the Director*, shall be grounds for revocation of the permit or other administrative penalties.

Describe the types of business and entertainment activities (cafe / restaurant, pool hall, dancing, etc.) to occur on your permitted premises on the lines below. Use the back of this form if necessary.

If live entertainment is proposed, you must be much specified as to the type and description of that entertainment, i.e., live bands, dancers, etc.

5 TV'S3 in ceiling speakers